

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**  
**APPLICATION FOR LICENSURE**  
**PLUMBER**

DOPL-AP-089 REV 10/20/2004

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information will delay processing and may result in denial of licensure. Please read all instructions carefully.

**Address of Record:** The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address.

**Social Security Number:** Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

**SUPPORTING DOCUMENTS AND FEES:**

In addition to submitting a completed application, complete the following:

1. Submit a **\$110.00** non-refundable application-processing fee, made payable to "DOPL."
2. Submit documentation as requested below according to the licensure level for which you are applying.

**If you want your military experience considered, submit your DD214's.**

- A. If you are applying for **licensure as an apprentice plumber**, have your employer complete the "Supervision of Apprentice Plumber" form (attached to this application) and return it to you for submission with this application.

- B. If you are applying for **licensure as a journeyman plumber**, submit an official transcript showing successful completion of an approved apprenticeship program **AND** a completed “Employer’s Verification Form” (attached to this application) from each of your supervising licensed plumbers documenting at least 8,000 hours of training as a licensed apprentice plumber in not less than 4 years.

**OR**

If you have been working for an **exempt employer** in Utah you may submit one or more completed “Employer’s Verification Form” documenting 16,000 hours of experience in not less than 8 years, as an apprentice plumber under the supervision of a licensed journeyman plumber.

**NOTE:** You may submit a letter(s) on company letterhead, if the letter(s) includes all the information and signatures as required on the “Employer’s Verification Form.”

- C. If you are applying for **licensure as a residential journeyman plumber**, submit an official transcript showing your successful completion of an approved apprenticeship program **AND** a completed “Employer’s Verification Form” (attached to this application) from each of your supervising licensed plumbers documenting at least 6,000 hours of training as a licensed apprentice or residential apprentice plumber in not less than 3 years.

**OR**

Submit one or more completed “Employer’s Verification Forms” (attached to this application) documenting 12,000 hours of experience in not less than 6 years, in a maintenance or repair trade for which 75% of the work was directly involved in the plumbing trade.

**NOTE:** You may submit a letter(s) on company letterhead, if the letter(s) includes all the information as required on the “Employer’s Verification Form.”

**ADDITIONAL IMPORTANT INFORMATION:**

1. **Utah Plumbers Licensing Examination for Journeyman Plumber/Utah Plumbers Licensing Examination for Residential Journeyman Plumber:** After you have submitted this application and it is approved, DOPL will send you a letter authorizing you to take the examination(s) related to the license for which you have applied.

After you have received your letter from DOPL, contact Thomson Prometric (formerly Exporient) at 1-800-882-3981 to register and pay for the exam. Thomson Prometric will not register you for any examination unless you have an authorization letter from DOPL. It must be received at Thomson Prometric by the deadline date listed in the letter. See the attached Candidate Information Bulletin for examination dates and fees and other

examination information.

2. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
3. **Law and Rules:** You are required to understand all Utah laws and rules pertaining to your practice as a plumber. The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov). You may also purchase them for a fee from Thomson Prometric at 1-800-882-3981.
  - ☐ Division of Occupational & Professional Licensing Act
  - ☐ General Rules of the Division of Occupational & Professional Licensing
  - ☐ Utah Construction Trades Licensing Act
  - ☐ Plumber Licensing Rules
4. **Current Documents:** Applications, statutes, and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.
5. **Temporary License:** The state of Utah does not issue temporary licenses to plumbers. You must obtain your license **prior** to performing any plumbing work. Credit for unlicensed work time in Utah will not be granted. A first time licensed apprentice plumber can work for 30 days from the date of their application payment receipt. They must keep the receipt on their person while working, until they receive their license.
6. **Apprenticeship:** The beginning date of an apprenticeship or training program is the date upon which the applicant is approved for Utah licensure as an apprentice.

Applicants who have begun a plumbing apprentice in another state may request to have credit for that portion of the apprenticeship or trainee ship completed in the other state if the division and the board find that the program in the other state is equal to the apprenticeship or trainee ship program required in the State of Utah. The burden for demonstrating equivalency of the out-of-state apprenticeship or trainee ship program lies with the applicant. Equivalency may be demonstrated by documentation of the curriculum and training which is required as a part of the program of the other state.

7. **Licensure by Endorsement:** An applicant for licensure by endorsement as a journeyman plumber or residential journeyman plumber has the burden to demonstrate that the apprenticeship instruction and training, or experience requirements in lieu of an apprenticeship, and the examination requirements of the state or jurisdiction in which the applicant holds licensure are equal to the requirements of this state.

An applicant for licensure as an apprentice or apprentice residential plumber who has completed part of apprenticeship training and instruction in another jurisdiction has the burden to demonstrate that the apprenticeship program in the other state is equivalent to an approved apprenticeship program in this state as a condition of the applicant being

given credit for completion of an apprenticeship program in another state.

8. **License Renewal:** All plumber licenses expire on July 31 of each even-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Renewal information is disseminated to each licensee's last known address, as provided to the Division, approximately two months prior to the expiration date shown on the license.

9. **Updating Address Information:** It is a licensee's responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.
10. **Name Change:** If you have been licensed by the Division under any other name, please submit documentation of your name change such as a copy of your marriage license or divorce decree.
11. **Mail Complete Application to:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor Lobby  
Salt Lake City, Utah 84111

12. **Telephone Numbers:** (801) 530-6628  
  
(866) ASK-DOPL – Toll-free in Utah  
(866) 275-3675
13. **Fax Number:** (801) 530-6511

14. **Answers to Commonly Asked Questions:**

**Q. How many types of plumber licenses are available?**

A. There are three (3) types of licenses available: Apprentice, Journeyman, and Residential Journeyman.

**Q. How can I get a temporary Permit?**

A. There are no temporary permits. However as a first time licensed apprentice plumber you can work for 30 days from the date on your application payment receipt. You must keep the receipt on your person while working, until you receive your license.

**Q. What form of documentation is acceptable to verify previous work experience?**

A. The preferred form is the "Employer's Verification Form," but a letter on company letterhead including all the information on the form will be accepted.

**Q. What if my employer is no longer in business or deceased?**

A. A letter from another responsible individual such as a local plumbing and/or building inspector, supervisor, former owner, or corporate officer may be acceptable. DOPL cannot tell until they see the letter(s).

**Q. How much credit will I get for unlicensed experience such as maintenance, military, or mine work?**

A. If the experience was in violation of licensing laws or between the ages of 16-18, NO credit can be given, unless the experience was obtained in a Federal Bureau of Apprenticeship and Training "School to Apprenticeship Program." Maintenance, military (provide DD214), or mine experience that was exempt from licensing laws may receive some credit depending on the nature of the work performed.

**Q. Who can sponsor me as an apprentice?**

A. The person or firm who has control of your hiring, employment and training and who can guarantee compliance with the licensing laws (including the appropriate journeyman to apprentice ratios) and can guarantee compliance with IPC codes may sponsor you as an apprentice. In general, this will be a licensed plumbing contractor or an organization with the above control such as a plumbers union. Employers who are exempt from licensing may not sponsor apprentices unless they have appropriately licensed individuals as supervisors in a one-on-one ratio.

**Q. What form of documentation must I provide to receive credit for previous schooling, or how much credit can I get for schooling experience?**

A. An official transcript and a copy of your degree or diploma will be required. The documentation must show schooling that is directly and significantly related to "plumbing work" as covered by the IPC, in order to qualify for credit. Maximum benefits from apprenticeship are received by concurrent on-the-job training and related schooling.

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# APPLICATION FOR LICENSURE

## GENERAL INFORMATION

License Applying For: \_\_\_\_\_ Apprentice Plumber  
(Choose only one.) \_\_\_\_\_ Journeyman Plumber  
\_\_\_\_\_ Residential Journeyman Plumber

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Have You Ever Held A Utah License Before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Name of Profession: \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_

Gender (Male or Female): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## MAILING ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

## DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_\_

Denied By: \_\_\_\_\_

Reason For Denial/Other Comments: \_\_\_\_\_

**APPRENTICESHIP TRAINING FOR JOURNEYMAN AND RESIDENTIAL  
JOURNEYMEN APPLICANTS:** (Use additional sheets if necessary.)

Name of Institution: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Attended: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Institution: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Attended: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Institution: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Attended: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**LICENSES:**

List all licenses, registrations, or certifications issued by any state, which you now hold or have ever, held as a plumber. (Use additional sheets if necessary.)

Issuing State: \_\_\_\_\_ Title: \_\_\_\_\_

Original Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Exam Type: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Title: \_\_\_\_\_

Original Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Exam Type: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Title: \_\_\_\_\_

Original Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Exam Type: \_\_\_\_\_



**PLUMBING EMPLOYMENT RECORD:** Chronologically list each place of employment as a plumber. Show month and year for each. (Use additional sheets if necessary.)

Employer/Firm Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Supervising Plumber: \_\_\_\_\_

License Number of Supervising Plumber: \_\_\_\_\_

Description of Plumbing Work: \_\_\_\_\_

Employer/Firm Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Supervising Plumber: \_\_\_\_\_

License Number of Supervising Plumber: \_\_\_\_\_

Description of Plumbing Work: \_\_\_\_\_

Employer/Firm Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Supervising Plumber: \_\_\_\_\_

License Number of Supervising Plumber: \_\_\_\_\_

Description of Plumbing Work: \_\_\_\_\_

# PLUMBER QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any profession licensing agency or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?
6. \_\_\_\_\_ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. \_\_\_\_\_ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
10. \_\_\_\_\_ Have you ever been terminated from a position because of drug use or abuse?
11. \_\_\_\_\_ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

*(Questions continue on following page.)*

12. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
13. \_\_\_\_\_ Do you currently have any criminal action pending?
14. \_\_\_\_\_ Have you pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
15. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
16. \_\_\_\_\_ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (i.e. plea in abeyance or deferred sentence)?
17. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?

**If you answered “yes” to questions 13, 14, 15, 16, or 17 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

**If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Please be aware that expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.**

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**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.**

# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure, certification, or registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
Fax: (801) 530-6511

## SUPERVISION OF APPRENTICE PLUMBER

### TO BE COMPLETED BY EMPLOYER:

Complete this form and mail or fax it directly to the Division or return it to the applicant for submission with his or her application.

Applicant's Name: \_\_\_\_\_

Employer/Firm Name: \_\_\_\_\_

Employer/Firm Address: \_\_\_\_\_

Employer/Firm Phone: \_\_\_\_\_

Plumbing Contractor's License Number: \_\_\_\_\_

Supervising Plumber Name: \_\_\_\_\_

License Number: \_\_\_\_\_

List **all** journeyman and apprentice plumbers employed by the employer/firm. Include name, license number, and type of license (journeyman or apprentice). Use additional sheets if necessary.

Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Type of License: \_\_\_\_\_

Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Type of License: \_\_\_\_\_

Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Type of License: \_\_\_\_\_

*(Continued on the reverse.)*

Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Type of License: \_\_\_\_\_

Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Type of License: \_\_\_\_\_

Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Type of License: \_\_\_\_\_

I attest that the above name applicant for a Utah apprentice plumber license will be employed as an apprentice by the employer/firm named above and that he or she has entered into a training program approved by the Division of Occupational and Professional Licensing. I also attest that all above information is true and correct.

Signature of Employer: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

***The next two forms in this application pertain to Journeyman  
and Residential Journeyman Plumber applicants only.***

***Apprentice applicants, stop here!!***

Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
Fax: (801) 530-6511

## EMPLOYER'S VERIFICATION FORM

### TO BE COMPLETED BY THE SUPERVISING LICENSED PLUMBER:

Applicant's Name: \_\_\_\_\_

Dates Employed: from \_\_\_\_\_ \ \_\_\_\_\_ to \_\_\_\_\_ \ \_\_\_\_\_

Total hours doing plumbing work as an apprentice plumber for this employer for the time period noted above: \_\_\_\_\_

Type of Work and Hours:

\_\_\_\_\_ Residential Hours

\_\_\_\_\_ Industrial Hours

\_\_\_\_\_ Commercial Hours

\_\_\_\_\_ Maintenance Hours

\_\_\_\_\_ Other Hours, Please Specify: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Plumbing Contractor's License Number: \_\_\_\_\_

I attest that the above applicant worked for this employer for the number of hours at the type of work indicated above.

Signature of Employer Representative: \_\_\_\_\_

Title: \_\_\_\_\_

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Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
Fax: (801) 530-6511

## REQUEST FOR VERIFICATION OF LICENSE

**(Use this form to verify licensure from another state, if applicable.)**

### TO BE COMPLETED BY THE APPLICANT:

If you have passed the trade exam in another state request that state to include the examination information on this form and return it to you for submission with your application.

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am requesting licensure in the state of Utah as a: \_\_\_\_\_

I am/have been licensed in your state under the name: \_\_\_\_\_

My Social Security Number is: \_\_\_\_\_

My Date of Birth is: \_\_\_\_\_

My license number in your state is/was: \_\_\_\_\_

I have enclosed the necessary license verification fee in the amount of: \_\_\_\_\_

Signature of Qualifier: \_\_\_\_\_

*(Continued on the reverse.)*

**TO BE COMPLETED BY THE VERIFYING AGENCY:**

Please furnish the information requested, sign and verify the document, and place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The qualifier will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: \_\_\_\_\_

Name of Licensee (as it appears in verifying state's records): \_\_\_\_\_

Name of Qualifying Person: \_\_\_\_\_

Classification of License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

Original Date of Licensure: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Continuously Licensed:

\_\_\_\_\_ Yes \_\_\_\_\_ No, please explain: \_\_\_\_\_

Licensed By:

\_\_\_\_\_ Exam, Type: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Endorsement, From What State \_\_\_\_\_

Examination Scores: \_\_\_\_\_

Education Required For Licensure: \_\_\_\_\_

Disciplinary Action or Pending Disciplinary Action:

\_\_\_\_\_ No \_\_\_\_\_ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

(SEAL)